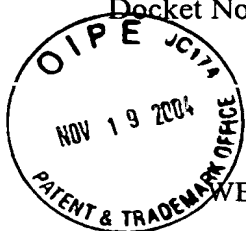


Docket No.: 3840-006-27



## Declaration, Power of Attorney and Petition

WE (I) the undersigned inventor(s), hereby declare(s) that:

My residence, post office address and citizenship are as stated below next to my name,

We (I) believe that we are (I am) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

### THERAPEUTIC APPLICATIONS OF THROMBOMODULIN GENE VIA VIRAL AND NON-VIRAL VECTORS

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the specification of which

☐ is attached hereto.

☒ was filed on February 25, 2004

as Application Serial No. 10/785,156

and amended on \_\_\_\_\_

☐ was filed as PCT international application

Number \_\_\_\_\_

on \_\_\_\_\_

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

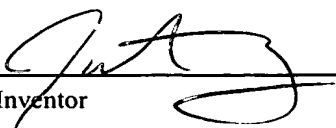
We (I) hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application(s)

Application No.	Country	Day/Month/Year	Priority Claimed	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Jonathan WONG

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Signature of InventorJuly 22, 2004  
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NAME OF THIRD JOINT INVENTOR

Signature of Inventor

Date

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NAME OF FOURTH JOINT INVENTOR

Signature of Inventor

Date

Residence: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

NAME OF FIFTH JOINT INVENTOR

Signature of Inventor

Date

Residence: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Post Office Address: \_\_\_\_\_